

Department of Public Works

email: Eng.Traffic@co.maui.hi.us

MAUI COUNTY'S SPEED HUMP PROGRAM APPLICATION

Name of Street: _____ Limits: _____

Tax Map: (2) _____ Community: _____

Subdivision Name: _____

Designated Neighborhood Representative: _____

(PLEASE PRINT NAME)

As the designated neighborhood representative and applicant, I hereby certify that to the best of my knowledge, all the signatures submitted on Form (s) ED-SHP/POLL 03/01 are from property owners only (or their legal representatives) and not renters or relatives of property owners.

SIGNATURE

Address: _____

Phone Number: _____

Email: _____

DO NOT WRITE BELOW

For Office Use Only

Number of Property Owners polled: _____ Number of Property Owners Abutting Street: _____

For: _____ Against: _____ Abstain: _____ Speed Data Taken: _____

Date hump locations marked: _____ Resurfacing required? _____

Date	% For	Comments
1 st Review: _____	_____	_____
2 nd Review: _____	_____	_____
3 rd Review: _____	_____	_____